



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6948

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 10/634,975 | FILING DATE 08/05/2003 RULE | CLASS 381 | GROUP ART UNIT 2646 | ATTORNEY DOCKET NO. P03,0285 |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

Thomas Kasztelan, Erlangen, GERMANY;
 Torsten Niederdrank, Erlangen, GERMANY;
 Peter Nikles, Erlangen, GERMANY; Christian Weistenhofer, Bubenreuth, GERMANY;

** CONTINUING DATA *****

NYA

** FOREIGN APPLICATIONS *****

R GERMANY 102 36 940.2 08/12/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/01/2003

| | | | | | |
|---|---|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY GERMANY | SHEETS DRAWING 2 | TOTAL CLAIMS 16 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | | |

ADDRESS

000026574
 SCHIFF HARDIN, LLP
 PATENT DEPARTMENT
 6600 SEARS TOWER
 CHICAGO, IL
 60606-6473

TITLE

Space-saving antenna arrangement for hearing aid device

| | | |
|-------------------------------|---|--|
| FILING FEE RECEIVED 750 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |